

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 02/18/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/19/2008						
		FINANCIAL PAYER: NCDMH						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8536	3352	ATTENDING PROVIDER TYPE AND SP				
	H/DD/SAS			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8534	439	SERVICE FACILITY LOCATION IS N	10	5022	5157	135
				OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
		8599	338	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8505	297	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8800	135	FURTHER PROCESSING NECESSARY,	0	662	11243	10581
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8534	62	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
3404910	PATHWAYS	8505	168	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	62	FURTHER PROCESSING NECESSARY,	0	346	3514	3168
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		11	52	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	11	236	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8326	196	ATTENDING PROVIDER NUMBER WAS	0	572	4294	3722
				NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	79	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	8326	2337	ATTENDING PROVIDER NUMBER WAS				
	ENTAL HEALT			NOT SUBMITTED ON				
				THIS CLAIM OR THE NPI SUBMITTE				
		8505	2097	CLAIM DENIED DUE TO INSUFFICIE	0	5316	5349	33
				NT BUDGET				
		8800	639	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404916	CROSSROADS BEHA	8505	2309	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8534	258	SERVICE FACILITY LOCATION IS N	0	2845	2949	104
				OT A VALID IPRS ATTENDING				
				PROVIDER, OR THE NPI SUBMITTED				
		3411	220	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404917	CENTERPOINT HUM	8505	363	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		8599	86	DETAIL NOT COVERED BY COMBINAT	0	623	3543	2920
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	85	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	2078	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	243	CLAIM DENIED NO BUDGET FOUND	0	2648	2747	99
		8800	119	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404920	ALAMANCE CASWEL L AREA MH D	79	79	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	191	5112	4921
		5404	30	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	21	1693	DUPLICATE OF CLAIM-SYSTEM				
		8505	1439	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	4176	6099	1923
		8329	609	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404922	THE DURHAM CENT ER	8505	107	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		0	0		0	107	107	0
3404923	FIVE COUNTY MH	8505	1726	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	906	CLAIM DENIED NO BUDGET FOUND	0	3086	3186	100
		8800	403	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	7102	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	1706	CLAIM DENIED NO BUDGET FOUND	2	9822	9906	84
		8800	588	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404926	SOUTHEASTERN RE G MENTAL HL	23	156	SERVICE REQUIRES PRIOR APPROVA L				
		8599	79	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	369	2177	1808
		8800	40	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404927	CUMBERLAND CO M HC	11	78	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	123	813	690
		8664	10	SERVICE DENIED, LIMITATION HAS BEEN EXCEEDED FOR THE FISCAL YEAR.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404930	JOHNSTON COUNTY MNTL HLTHC	5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	2	234	232
3404931	WAKE CO HUM SVC BILLING OF	8505	1199	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	957	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	84	3048	12741	9693
		8599	192	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	11113	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	442	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	12146	15472	3326
		8599	386	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow CARTERET BEHAV HEAL	8505	175	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	699	1818	1119
		8800	115	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	4	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	4	NO RATE AVAILABLE ON FILE TO P RICK THIS CLAIM DETAIL	0	8	941	933
3404939	EAST CAROLINA B EHAVIORAL H	8505	4783	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	256	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	5277	5391	114
		7001	116	EXCEEDS THE ONE PER DAY LIMITA TION				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
						CLAIMS	CLAIMS	CLAIMS

NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	3411	86	PROVIDER TYPE AND SPECIALTY 07				
	L HEALTH CE			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	26	DETAIL NOT COVERED BY COMBINAT	8	181	3698	3517
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	18	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	30	DETAIL NOT COVERED BY COMBINAT	0	123	2002	1879
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	27	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	966	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8508	17	CLAIM DENIED NO BUDGET FOUND	0	1012	2386	1374
		8654	8	ONLY 16 UNITS ALLOWED PER DAY				
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				